PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

JUL 1 3 2004

spond to a collection of information unl	ess it displays a valid OMB control number.
Application Number	09/975,276
Filing Date	10/10/2001
First Named Inventor	T. EZK CHORNENY
Art Unit	2635
Examiner Name	NAM V NGUYEN
Attorney Docket Number	TEC- PPI

l hereby revoke all previ	ous powers of attorney given in the above-ident	ified application.
A Power of Attorney is submitted herewith.		RECEIVE
		JUL 1 9 2004
OR I hereby appoint the	practitioners associated with the Customer Number	Technology Center 2
The address as		olication to:
Customer Numb	per:	
Firm <i>or</i> Individual Name	FLOYD S. SCHEIER 2	20634
Address	391 MCKINNEY RD	
Address		
City	WEXFORD State	PA Zip 15090
Country	USA	
Telephone	724-935 - 6746 Fax	
I am the: Applicant/Inventor		
	of the entire interest. See 37 CFR 3.71. 7 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
	SIGNATURE of Applicant or Assignee of R	ecord
Name Tob	D ERIC CHORNENKY	
Signature Today	' Ern Clovers	
Date JULY	7,2009 Telephone	412-857-0800
NOTE: Signatures of all the inventors signature is required, see below*.	or assignees of record of the entire interest or their representative(s) are	required. Submit multiple forms if more than one
	s are submitted.	

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
aperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

JUL 9 3 200%

ed to respond to a collection of infor	mation unless it displays a valid OMB control number.
Application Number	09/975,276
Filing Date	10/10/2001
First Named Inventor	T. EDIC CHORNENKY
Title	HUMAN MACHINE INTERFACE
Art Unit	2635
Examiner Name	HAM V. VGOYEN
Attorney Docket Number	TEC - PPI

I hereby appoint:				RECEIVE]D
Practitioners associated Number:	with the Customer			JUL 1 9 2004	4
OR				Tachardony Conto	rlage
Practitioner(s) named be	elow:			Technology Center	1 200
	Name	Regisi	ration Number	r	
FLOYD S.	SCHEIER	20,63	4		
as my/our attorney(s) or agente Trademark Office connected th	(s) to prosecute the application identified perewith.	above, and to transact all bu	siness in the L	Inited States Patent and	
Please recognize or change th	e correspondence address for the above	e-identified application to:			
The address associate	ed with the above-mentioned Customer	Number:			
OR					
The address associa	ted with Customer Number:				
Firm or Individual Name	FLOYD S. Sch]
Address	391 MCKINNE	y Ro]
Address		Ctata DA	l Zin	1 15.500	4
City Country	WEXFORD	State DA	Zip	15090	┨
Telephone	724-935-6746	Fax	- · · · · · · · · · · · · · · · · · · ·		1
I am the:					1
Applicant/Inventor.					
	the entire interest. See 37 CFR 3.71. CFR 3.73(b) is enclosed. (Form PTO/SB/	96)			╛
	SIGNATURE of Applica	nt or Assignee of Record			
Signature 70	Tilly arm Chora	S_	Date	JULY7, 2004	1
Name 70	DAD ERIC CHORN	ENLY	Telephone	412-851-0800	
Title and Company		/		-	_
NOTE: Signatures of all the inventor signature is required, see below*.	ors or assignees of record of the entire interest	or their representative(s) are req	uired. Submit mu	ultiple forms if more than one	_]
*Total of	forms are submitted				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.